

Please Check one:

All new applications would be provisional and for 1 year

☐ New Application

☐ Renewal Application. If renewal, enter License # _____

State Of Maine, Department Of Health & Human Services, Community Services Programs

**APPLICATION FOR A LICENSE TO OPERATE A
CHILD CARE FACILITY (including child care centers and small childcare facilities)**

Please complete the following **two-year** application and return with a check or money order for **\$240.00** made payable to **TREASURER, STATE OF MAINE. The application fee is non-refundable.** Mail to:

Division of Licensing and Regulatory Services
Community Services Programs
41 Anthony Avenue, 11 State House Station
Augusta, ME 04333-0011

Name of facility: _____

Social security number/EIN number: _____

Facility street address: _____

Facility mailing address: _____

Town: _____ **Zip code:** _____

Facility telephone number(s): _____ **E-mail:** _____

Type of operation: Please check the appropriate description.

☐ Association ☐ Individual Proprietorship ☐ Non-profit corporation
☐ Partnership ☐ Profit corporation ☐ Trust

What year was the facility built? _____ **Is this facility located in a public school?** _____

Largest number of children to be in your care at any time:

☐ 3 – 12 ☐ 13 – 20 ☐ 21 – 49 ☐ 50 ☐ if more than 50, enter # _____

This facility will serve (check all that apply):

☐ Infants and toddlers ☐ School-age children located in a school
☐ Preschool children ☐ Occasional care program ONLY (ski areas, shopping malls, etc.)
☐ School-age children

Source of water (check one): ☐ **Municipal** ☐ **Private**

☐ Check here if you do not need a water test kit mailed to you.

Bottled water is optional if water test is unsatisfactory

Name of Owner/operator(Person legally responsible):_____

Birth date:_____

Social security number/EIN number:_____

All former names used by Owner/operator:_____

Owner/operator's street address:_____

Owner/operator's mailing address:_____

Town: _____ Zip code:_____

Owner/operator's current/former licenses:

1. Are you now, or have you even been licensed, registered or certified to provide in home, professional or other services for children or adults? () Yes () No. If yes, please indicate the type of care, approximate dates of service and name(s) under which you were licensed:

2. Have you had any prior licensing sanctions issued to you, such as a conditional license, license suspension, denial of a licensing application, fine, or revocation of a child or adult care license? () Yes () No If yes, please explain:

Owner/Operator's history: The DLRS Licenser will discuss your history with you. This will be used as part of a comprehensive assessment of your application. (Please use additional sheets of paper if necessary to explain your responses to these questions.)

- A. Have you, or has anyone employed by you, or has anyone living on the facility premises, or has anyone who frequents the facility been involved in the following:

- | | | |
|--|---------|--------|
| 1) Convicted of a crime; | () Yes | () No |
| 2) Involved in a child protective investigation; | () Yes | () No |
| 3) Named as a defendant in a Protection from Abuse Order; | () Yes | () No |
| 4) Had children removed from care or custody by court order; | () Yes | () No |

If you checked yes to any of the above, please explain:

- B. Have you ever been treated for drug or alcohol abuse? () Yes () No If yes, please explain:

C. Have you ever received mental health services? () Yes () No If yes, please explain:

D. Is there any other information that would be useful in assessing your ability to provide care for children? () Yes () No If yes, please explain:

Name of Director: _____

Birth date: _____

Social security number/EIN number: _____

Director's street address: _____

Director's mailing address: _____

Town: _____ Zip code: _____

Director's education: List secondary school, college, professional schools, training courses attended. (Please attach transcripts and certificates awarded to verify the following.)

Name of School	Town/State	Dates Attended	Certificate/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Director's employment history and non-employment direct experience with children: (Please list last place of employment first. Examples of experience with children include coaching, volunteering, scouting, etc.):

Name of Organization	Address	Dates with Organization	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Health Care Consultant (when applicable) _____

Health Care Consultant's street address: _____

Health Care Consultant's mailing address: _____

Town: _____ Zip code: _____

Health Care Consultant's telephone number: _____

Health Care Consultant's email: _____

Directions to facility: Be specific and as detailed as possible. (No maps please.)

I/We have received, read and understand the **“Rules for the Licensing of Child Care Facilities” effective 1/31/08**. I/We understand that this application authorizes representatives of the Department of Health and Human Services and the State Fire Marshall's Office to make such visits and inspections as may be necessary to ascertain that the facility is in compliance with the LAW and RULES governing the licensing and operation of nursery schools.

I/We also understand that the signing of this application effectively serves as a release of information and gives permission for the Department to obtain any criminal, child protective and motor vehicle records for owner/operator/director which may be on file in any county or state office.

I/We certify I have read this application completely. I/We further certify that all information contained in this application is complete and accurate. I/We understand that misrepresentation may be cause for denial or revocation of the license.

Authorized signature/title: _____ Date: _____

Authorized signature/title: _____ Date: _____